

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40066

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 74

| | | | | | |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Bethany</u> TOWN <u>Bethany</u> | | | c. CITY OR TOWN <u>Bethany</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. 25th Street</u> | | | d. STREET ADDRESS (If outside, give location) <u>North 25th Street</u> | | |
| Length of stay in lb <u>15 years</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>AMANDA</u> Middle <u>CAROLINE</u> Last <u>WEATHERS</u> | | | 4. DATE OF DEATH November 10, 1957 | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | |
| 8. DATE OF BIRTH <u>July 7, 1878</u> | | 9. AGE (In years last birthday) <u>79</u> | | 10. IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | |
| 11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>David Wooderson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha Montgomery</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>W. Frank Weathers</u> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | |
| 17. INFORMANT <u>Mrs. Esther Leigh, Bethany, Mo.</u> | | | Address | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sclerosis</u> DUE TO (c) <u>446x</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>20</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u> | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1950</u> to <u>11-10-57</u> and last saw her alive on <u>11-10-1957</u> Death occurred at <u>4:50 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>W. F. Wooderson M.D.</u> | | | 22b. ADDRESS <u>Bethany Mo</u> | | 22c. DATE SIGNED <u>11/11/57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>11/12/57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetary</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo.</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>Clark L. Foutch, Bethany, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>11-12-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Zella Maxey</u> |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Clark L. Trout

Licensed Embalmer No. 4831.....

P. O. Address...Bethany...Mo....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.